



BUFFALO
GROVE
PARK
DISTRICT

PARTICIPANT COVID-19 REPORTING TO PROGRAM MATRIX

Updated 6/9/2022

This matrix is to be used as a reference for all staff navigating COVID-19 cases and potential cases. Please refer to the definition and appendix below when using the matrix. For further assistance, contact the Risk Manager.

Exposure:

Close contact includes:

- Being within 6 feet of a person with COVID-19 for 15 minutes or more cumulatively over a 24-hour period

If you Have...	Days at Home	Testing	Return to Program When...	Other Requirements
Tested Positive	Isolate for 5 days from symptom onset (Day 0), or if asymptomatic, from date of positive test. Restart count if positive test precedes symptoms.	N/A	5 or more days have passed, you have been fever-free for 24 hours, all other symptoms have resolved, and after gaining clearance from Risk Manager, OR After 10 days have passed if symptoms have significantly improved but not yet resolved.	Wear a well-fitting mask around others for 10 days.
Been Exposed <ul style="list-style-type: none"> • No Symptoms • Regardless of Vaccine Status 	No quarantine needed	If you develop symptoms, see "Developed Symptoms" procedure. If you do not develop symptoms, CDC recommends to get tested at least 5 days after you last had close contact with someone with COVID-19.	Same day.	If you have not had COVID-19 within 90 days, wear a well-fitting mask around others for 5 days. If you test negative on day 5 or later, you do not need to continue mask-wearing. If you do not test, wear a mask for 10 days total.
Developed Symptoms <ul style="list-style-type: none"> • Regardless of All Variables (including those who have had COVID-19 within 90 days). 	Varies based on test results and symptom duration. The day symptoms begin is Day 0.	If you answer "yes" to anything on the Wellness Screening Questionnaire, stay Home and get tested immediately and isolate until you receive your test results. You must test again if symptoms persist on Day 3 (or later) or the day you want to return, if sooner. If any test is positive, follow "Tested Positive" procedure.	You have been fever, vomit, and diarrhea-free for 24 hours, all other symptoms have resolved or <u>significantly improved</u> , you received a negative test (if symptoms persisted, taken on Day 3 or later), and you have gained clearance from Risk Manager, OR If no negative test was submitted, <ul style="list-style-type: none"> • You may return after 5 days have passed if symptoms have <u>resolved</u>. • You may return after 10 days have passed as long as symptoms have significantly improved. 	If you do not test, maintain at least 6 ft. and wear a well-fitting mask around others for 10 days. If your symptoms have significantly improved but are still present and minor, maintain at least 6 ft. and wear a well-fitting mask for the duration of symptoms.

APPENDIX

WELLNESS SCREENING QUESTIONNAIRE

You are required to review the questions below each day prior to attending a Park District program, event, or facility. If you answer “yes” to any of the questions, you should contact your Program Supervisor and not attend in-person. Do not report on-site if your temperature is higher than normal. No-touch thermometers will be available on-site for self-assessment at Park District facilities. By entering a Park District facility or program, you acknowledge that this questionnaire has been completed properly, that the participant has said “no” to each item, and that the participant is symptom-free.

Name: _____

Date: _____

Yes No

- Have you felt feverish?
- Do you have a cough?
- Do you have a sore throat?
- Have you been experiencing difficulty breathing or a shortness of breath?
- Do you have muscle aches?
- Do you have congestion or a runny nose (e.g., not related to allergies)?
- Have you been experiencing fatigue?
- Have you had a new or unusual headache (e.g., not related to caffeine, diet, or hunger, not related to a history of migraines, clusters, or tension, not typical to the individual)?
- Have you noticed a new loss of taste or loss of smell?
- Have you been experiencing chills or rigors¹?
- Do you have any gastrointestinal concerns (e.g., nausea, vomiting, diarrhea)?
- Is anyone in your household displaying any symptoms of COVID-19?
- If yes to anything above and to the best of your knowledge, have you or anyone in your household come into close contact² with anyone who has tested positive for COVID-19?

¹ Rigors: a sudden feeling of cold with shivering accompanied by a rise in temperature

² Close contacts include household contacts, intimate contacts, or contacts within 6-ft. for 15 minutes or longer.

**Minor symptoms may not indicate COVID-19. A doctor’s note clarifying you are not ill and have a history of a symptom may allow you to return to work sooner. These situations will be handled on a case-by-case basis.